partment of Labor abor-Management s Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Öffice of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P t. 86-257 as amended. Failure to comply may re- ult in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

READ THE INSTRUCTIONS CAREFUL	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT		
Ammen	ded 8 15.05		
1 File Number U	2 Fiscal Year Covered From		
2565	1 / 1 / 64 Through [2./3]/64		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Alex S. Zurck	Name		
	Labor Organization File Number 541-509		
PO Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 1500 E Golembia-	Street 1500 E Colombia		

City

State

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

ZIP Code + 4

A Held an interest in engaged in transactions (including loans) with or comonetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	a Nature of Interest Transaction or Income
Name	'
Trade Name if any	į.
PO Box Bldg Room No If any	7 b Amount
Street	
City	
State ZIP Code + 4	

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying discurrents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)

Signed

City

State

5 Position in labor organization

on <u>815 05</u>

Telephone Number

ZIP Code + 4

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1 109 10	1231 04			
Name of Person Filing A Per Zunek	A rex Zunek File Number U			
B Held an interest in or derived income or economic by nefit with monetary values substantial part of which consists of buying from selling or leasing to or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent or rectly to or otherwise			
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name M LABORELS MCAIR LARE Find	a Labor Organization			
Trade Name If any	b Trust			
PO Box Bldg Room No If any	c Employer			
Street 6525 Centures Drice				
City LAGSIS				
State ZIP Code +4 _48117				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name SAME As Above	Provides Healthan Benefits			
Trade Name if any	TO LTUNA members			
PO Box Bldg Room No If any				
Street	11 b Approximate dollar value of such dealing			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	Annal Internation Health-cine			
	Foundation is san playor CA			
	Dec 2004			
	12 b Amount 3, 255 70.			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name				
Trade Name If any				
P O Box Bidg Room No If any				
Street	1			
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment			

File Number U Name of Person Filing B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with LABORERS HEALTh CARE Fund a Labor Organization Trade Name If any b Trust PO Box Bidg Room No If any c Employer Centualon Online ZIP Code + 4 48917 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Health Care broken Trade Name if any PO Box Bldg Room No If any 11 b Approximate dollar value of such dealing City 12 a Nature of interest held or income received TRI FUNE PAYMENTS ZIP Code + 4 State DANUARY 04 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations ( onsultant (including trade name if any) Name Trade Name if any PO Box Bldg Room No If any Street City ZIP Code + 4 State 14 b Amount of payment 13 b Is the Business an Employer or Consultant

To 1231 0

1104 to	1221 04
Name of Person Filing Alex Zunek	File Number U
B Held an interest in or derived income or economic by nefit with monetary values substantial part of which consists of buying from selling or leasing to or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent or irectly to or otherwise
8 Name and address of Business (including trade name if any)  Name M LABORCAS POSION Fund.	9 Business deals with
Trade Name if any  PO Box Bldg Room No if any  Street 6525 CCCTUMEN DAJAC  City LAGS CCCTUMEN DAJAC	a Labor Organization  b Trust  c Employer
State ZIP Code + 4 48917	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name Same As Abore	To Llund members
PO Box Bldg Room No If any	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
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City	12 a Nature of interest held or income received
State ZIP Code + 4	10ch on 3.504, 32604, 5204, 18-19-04, 8 20 04, 11 19 04
	12 b Amount 24/97
C Received from any employer (other than an amployer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
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Trade Name if any	
P O Box Bldg Room No If any	
Street	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

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Name of Person Filing A l'ex Zu	neK				File Number U
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8 Name and address of Business (including trade nat	ne if any)		9 Business deals	s with	
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Trade Name If any				r Organiza	alion
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State ZIP Co	de + 4 . 48917				
10 If 9 b or 9 c. is checked give trust or employer's	name		11 a Nature of		
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PO Box Bidg Room No If any			**		1
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State ZIP Co	od +4		Fund The o	brig	ton a room for
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			12 b Amount	122	3 9
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relati (including trade name if any)	ens Consultant		14 a Nature of p	payment	
Name		<del>-</del>			
Trade Name if any			-		
P O Box Bldg Room No If any	_				
Street			1		
City			1		
State ZIP Co	ode + 4		1	<del></del>	
13 b Is the Business an Employer or C	onsultant	2	14 b Amount of	payment	

File Number U Name of Person Filing B Held an interest in or derived income or economic b nefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Above Medith Chic Find a Labor Organization Trade Name If any b Trust PO Box Bldg Room No If any c Employer 6525 Continuo Mice ZIP Code + 4 | 4 3 917 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Provides health cance BoneAs Name : Trade Name if any PO Box Bldg Room No If any Street 11 b Approximate dollar value of such dealing City 12 a Nature of interest held or income received Milege Reinbounet that was ZIP Code + 4 State Signed over to the local for 32504 2-2304 8. 19my 11 1304 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any PO Box Bldg Room No If any Street City ZIP Code + 4 14 b Amount of payment 13 b Is the Business an Employer [ ] or Consultant

## ADDI NDA TO THE LM-30 FORM WHICH IS TO BE INCORPORATED AND MADE PART OF THE LM-30 FORM

## ADDENDUM A [UNSOLICITED GIFTS OR PROMOTIONAL ITEMS]

On several occasions in 2004, I recall that I was given [a] complimentary promotional item[s], such as a [clothing item, accessory or printed material w/ with LIUNA logo, etc.] At no time did I solicit such item[s], and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the item[s], and do not recall the manufacturer or provider of such [an] item[s].

### ADDENDUM B [UNSOLICITED HOLIDAY GIFTS]

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items, a [wine and cheese basket, fruit basket, holiday ham, holiday turkey, gournet foods, etc.] At no time did I solicit such item[s], and it/they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.F.R. 2635-205

## ADDENDUM C [UNSOLICITED GIFTS

ADDENDUM D [UNSOLICITED GIFTS - GOLF]

I recall that I received unsolicited items at golf outings/tournaments, such as a sleeve of balls, a golf club or golf apparel, etc., in connection with a round of golf, which I have reported. At no time did I solicit such an item, and I have no specific recollection of receipt of any such item, nor knowledge as to the value of the item.

#### ADDENDUM E [MEAL/S/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

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## ADDENDUM F [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

## ADDENDUM G [PAC]

I am not reporting any benefits that I may have received from a political action committee ("PAC") My understanding is that PACs report all receipts and disbursements under the 1 ederal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act

### ADDENDUM H [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations

affiliated with the Labore's' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance

Michigan Laborers Health Care Fund Michigan Laborers Pension Fund Michigan Laborers Annuary Fund Michigan Laborers Vacation Fund Michigan Laborers' Training and Apprenticeship Fund Michigan Laborers' and Employers Cooperation & Education Trust Funds Managed for the Trustees by TIC International Corporation

# Michigan Laborers' Fringe Benefit Funds

6525 Centurion Drive ■ Lansing, MI 48917 9275 ■ (517) 321 7502 ■ Fax (517) 321 7508 Toll Free 877 MI-LABOR (877-645 2267) ■ www.michiganlaborers.org

August 4, 2005

SENT VIA FAX (269) 962-1431



Alex Zurek Local Union 355 1500 East Columbia Avenue Battle Creek, MI 49014

RE MICHIGAN LABORERS' HEALTH CARE FUND Information on Expenses Paid by the Fund

Dear Alex



The US Department of Labor issued a statement on June 22, 2005 dealing with Trusts and Form LM-30 and Form LM-10, which indicates that a Union officer and/or employee must report on Part B of the Form LM-30 "any interests in, transactions with or income or other benefits (including reimbursed expenses) from the trust" That statement which includes questions and answers, can be found at

www.dol.gov/esa/regs/compliance/olms/LM30\_LM10\_Trusts\_Info htm

After consulting with the Fund's Legal Counsel, we have prepared for your information the enclosed summary of expenses paid by the Fund to you or on your behalf in calendar year 2004 or accounted for by you in 2004

Sincerely,



James E Schreiber
Admunistrative Manager

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JES/mak

Enclosure

Xc Christopher Legghio

## MICHIGAN LABORERS' HEALTH CARE FUND

## TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2004 THROUGH DECEMBER 31 2004

## ALEX ZUREK

CHECK DATE	FAYEE	AMOUNT	PURPOSE
10/30/2003	Disney Yar ht & Beach	\$234 15	Hotel Deposit - Tn-Fund Conf 1/04
12/18/2003	Alex Zurek	\$1,542 45	Travel Advance - Tri-Fund Conf 1/04
	Mich Laboi er Health Care	(\$356 86)	Refund of Unused Travel Advance
		TOTAL \$1,419 74	
10/17/2004	International Foundation	\$915 00	Regist fee - Annual Conference 11/04
11/6/2004	Alex Zurek	\$2 250 00	Travel Advance - Annual Conf 11/04
	Alex Zurek	\$90 70	Additional Travel - Annual Conf 11/04
		TOTAL \$3,255 70	
3/18/2004	Spartan Travel	\$128 20	Lodging - 5/23 & 5/24/04 Jt BOT Mtg
3/25/2004	Laborers' Local 355	\$23 62	3/25/04 BOT Meeting - Transportation
5/24/2004	Laborers Local 355	\$88 88	5/23 5/254/04 JT BOT Meeting - Trans
8/19/2004	Alex Zurel		8/19/04 BOT Meeting - Transportation
11/19/2004	Alex Zurei.	\$7 50	11/18/04 BOT Meeting - Transportation
		TOTAL \$251 95	

Michigan Laborers Health Care Fund Michigan Laborers' Pension Fund Michigan Laborers' Annuity Fund Michigan Laborers' Vacation Fund Michigan Laborers' Training and Apprenticeship Fund Michigan Laborers and Employers Cooperation & Education Trust Funds Managed for the Trustees by TIC International Corporation

# Michigan Laborers' Fringe Benefit Funds

6525 Centurion Drive ■ Lansing, MI 48917 9275 ■ (517) 321 7502 ■ Fax (517) 321 7508 Toll Free 877 MI LABOR (877-645 2267) ■ www.michiganlaborers.org

August 10, 2005

SENT VIA FAX (269) 962-1431



Alex Zurek Lacai Umon 355 1500 East Columbia Avenue Battle Creek, MI 49014

RE MICHIGAN LABORERS' PENSION FUND MICHIGAN LABORERS' VACATION FUND Information on Expenses Paid by the Fund

Dear Alex



The US Department of Labor issued a statement on June 22, 2005, dealing with *Trusts and Form LM-30 and Form LM-10*, which indicates that a Union officer and/or employee must report on Part B of the Form LM-30 "any interests in, transactions with, or income or other benefits (including reimbursed expenses) from the trust". That statement, which includes questions and answers, can be found at

www dol gov/esa/regs/compliance/olms/LM30\_LM10\_Trusts\_Info.htm

After consulting with the Fund's Legal Counsel, we have prepared for your information the enclosed summaries of expenses paid by the Funds to you or on your behalf in calendar year 2004 or accounted for by you in 2004

Sincerely,



James E Schreiber
Administrative Manager

JES/mak

**Enclosures** 

X. Christopher Legghio



## MICHIGAN LABORERS' PENSION FUND

## TRAVEL EXPENSES RECEIVED FROM JANUARY 1 2004 THROUGH DECEMBER 31 2004

## **ALEX ZUREK**

CHECK DATE	PAYEE	AMOUNT	PURPOSE
4/20/2004	International Foundation	\$855.00	Regist fee - Trustee Institute 6/04
4/20/2004	International Foundation	\$285 00	Pre-conference fee - Trustee inst 6/04
4/20/2004	International Foundation	\$350 00	Hotel advance - Trustee Institute 6/04
5/21/2004	Alex Zurek		Travel Advance - Trustee Inst 6/04
8/21/2004	Alex Zurek	\$3 33	Additional Travel - Trustee Inst 6/04
		TOTAL \$3,143 33	
3/5/2004	Laborers Local 355		3/5/04 Sp Call Ben Rev - Transportation
3/18/2004	Spartan Travel		Lodging 5/23 & 5/24/04 Jt BOT Mtg
3/26/2004	Laborers' Local 355		3/26/04 BOT Meeting - Transportation
4/20/2004	Midway Hotel		Overnight room for 3/26/04 BOT Mtg
5/24/2004	Laborers' Local 355	\$88 88	5/23 5/254/04 JT BOT Meeting - Trans
8/20/2004	Alex Zurek	\$7 50	8/19/04 Invest Meeting Transportation
8/20/2004	Alex Zurek	\$7.50	8/20/04 BOT Meeting - Transportation
3/16/2005	Alex Zurek	\$7 50	11/19/04 BOT Meeting - Transportation
		TOTAL \$370 16	

## MICHIGAN LABORERS' VACATION FUND

## TRAVEL EXPENSES RECEIVED FROM JANUARY 1 2004 THROUGH DECEMBER 31, 2004

#### **ALEX ZUREKI**

CHECK DATE	PAYEE	AMOUNT	PURPOSE
0/40/2004		6429.40	Lodging - 5/23 & 5/24/04 Jt BOT Mtg
3/18/2004	Spartan Travel		Lodging - a/23 & 3/24/04 at DOT Mity
		TOTAL \$128 19	

U S Department of Labor Employees Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D C 20210

## Re Form LM-30 Filing for Alex Zurek, Labor Organization File No

Dear Sir or Madam

Enclosed is my Labor Organization Office and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of the year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so. I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely.

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